

UNITED STATES PATENT & TRADEMARK OFFICE
Washington, D.C. 20231

REQUEST FOR PATENT FEE REFUND				
1 Date of Request: _____		2 Serial/Patent # _____		
3 Please refund the following fee(s):		4 PAPER NUMBER	5 DATE FILED	6 AMOUNT
	Filing			\$
	Amendment			\$
	Extension of Time			\$
	Notice of Appeal/Appeal			\$
	Petition			\$
	Issue			\$
	Cert of Correction/Terminal Disc.			\$
	Maintenance			\$
	Assignment			\$
	Other			\$
7 TOTAL AMOUNT OF REFUND		\$		
8 TO BE REFUNDED BY:		Treasury Check		
9 Credit Deposit A/C #:		<div style="border: 1px solid black; display: inline-block; width: 150px; height: 20px; text-align: center;"> 9 -- </div>		
10 REASON:		<div style="border: 1px solid black; height: 20px; margin-bottom: 5px;"></div> <div style="display: flex;"> <div style="width: 15%;"></div> <div style="padding-left: 10px;"> Overpayment Duplicate Payment No Fee Due (Explanation): </div> </div>		
11 REFUND REQUESTED BY:		<div style="border: 1px solid black; height: 20px; margin-bottom: 5px;"></div> <div style="display: flex; justify-content: space-between;"> <div> TYPED/PRINTED NAME: _____ <small>06/18/2005 DWILLIA2 00000002 10510093</small> SIGNATURE: _____ <small>01 FC:164E 400.00 OP</small> </div> <div> TITLE: _____ PHONE: _____ </div> </div> OFFICE: _____ <div style="border-top: 1px solid black; padding-top: 5px;"> ***** THIS SPACE RESERVED FOR FINANCE USE ONLY: APPROVED: _____ DATE: _____ </div>		

Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to:

**Office of Finance
Refund Branch**